

11/29/01
J1057 U.S. PTO

12-03-01

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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JCS011 U.S. PTO
09/997554

11/29/01

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

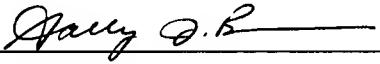
Total Number of Pages in This Submission

33

| | |
|------------------------|--------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Timothy J. Whited et al. |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 14105 |

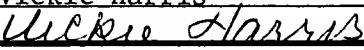
| ENCLOSURES (check all that apply) | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input checked="" type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input checked="" type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | New Specification |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual name | Autoliv ASP, Inc.] |
| Signature |  |
| Date | 11/28/01 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

| | |
|-----------------------|---|
| Typed or printed name | Vickie Harris |
| Signature |  |
| Date | 11-28-01 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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FEE TRANSMITTAL

for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 978.00)

Complete if Known

| | |
|----------------------|--------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Timothy J. Whited et al. |
| Examiner Name | |
| Group Art Unit | |
| Attorney Docket No. | 14105 |

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **500532**
 Deposit Account Name **Autoliv ASP, Inc.**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Fee Code | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid |
|---------------------------|-----------------------|-----------------------|---|----------|
| 105 | 130 | 205 | 65 Surcharge - late filing fee or oath | |
| 127 | 50 | 227 | 25 Surcharge - late provisional filing fee or cover sheet | |
| 139 | 130 | 139 | 130 Non-English specification | |
| 147 | 2,520 | 147 | 2,520 For filing a request for ex parte reexamination | |
| 112 | 920* | 112 | 920* Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840* | 113 | 1,840* Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 | 55 Extension for reply within first month | |
| 116 | 400 | 216 | 200 Extension for reply within second month | |
| 117 | 920 | 217 | 460 Extension for reply within third month | |
| 118 | 1,440 | 218 | 720 Extension for reply within fourth month | |
| 128 | 1,960 | 228 | 980 Extension for reply within fifth month | |
| 119 | 320 | 219 | 160 Notice of Appeal | |
| 120 | 320 | 220 | 160 Filing a brief in support of an appeal | |
| 121 | 280 | 221 | 140 Request for oral hearing | |
| 138 | 1,510 | 138 | 1,510 Petition to institute a public use proceeding | |
| 140 | 110 | 240 | 55 Petition to revive - unavoidable | |
| 141 | 1,280 | 241 | 640 Petition to revive - unintentional | |
| 142 | 1,280 | 242 | 640 Utility issue fee (or reissue) | |
| 143 | 460 | 243 | 230 Design issue fee | |
| 144 | 620 | 244 | 310 Plant issue fee | |
| 122 | 130 | 122 | 130 Petitions to the Commissioner | |
| 123 | 50 | 123 | 50 Processing fee under 37 CFR 1.17(q) | |
| 126 | 180 | 126 | 180 Submission of Information Disclosure Stmt | |
| 581 | 40 | 581 | 40 Recording each patent assignment per property (times number of properties) | 40 |
| 146 | 740 | 246 | 370 Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 | 740 | 249 | 370 For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 179 | 740 | 279 | 370 Request for Continued Examination (RCE) | |
| 169 | 900 | 169 | 900 Request for expedited examination of a design application | |
| Other fee (specify) _____ | | | | |

SUBTOTAL (1) (\$ 740.00)

2. EXTRA CLAIM FEES

| | | | | | | | |
|--------------------|-----------|---------|-----------|---|-----------|---|------------|
| Total Claims | 31 | -20** = | 11 | X | 18 | = | 198 |
| Independent Claims | 3 | -3** = | | X | | = | |
| Multiple Dependent | | | | | | | |

SUBTOTAL (2) (\$ 198.00)

**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 40.00)

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|--------------------|--------------------------------------|--------|-----------|----------------|
| Name (Print/Type) | Sally J. Brown | Registration No. (Attorney/Agent) | 37,788 | Telephone | (801) 625-4934 |
| Signature | <i>Sally J. B.</i> | | | Date | 11/28/01 |

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